

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/1599504

FILING DATE

APPLICANT(S)

10559904

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3	1		1			
4			1			
5	1		1			
6			1			
7	1		1			
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TOTAL IND.		1	1			
TOTAL DEP.	9		9			
TOTAL CLAIMS	16		16			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		1	1			
TOTAL DEP.	9		9			
TOTAL CLAIMS	16		16			